



HIV/ AIDS Agricultural Worker Factsheet

Human Immunodeficiency Virus (HIV) is a deadly virus that is a major health threat to the United States population and has also become a global health issue. If left undiagnosed or untreated, HIV can remain asymptomatic and eventually lead to Acquired Immunodeficiency Syndrome (AIDS), a dangerous disease that severely weakens the immune system and leads to death. Lack of health care access due to legal, financial, geographical, and linguistic barriers coupled with a lack of material and social support all place an especially heavy burden on migratory and seasonal agricultural workers for contracting HIV and/ or AIDS. The migratory lifestyle, often characterized by constant mobility, geographic isolation, separation from family, lack of health education, and varying cultural attitudes and beliefs about safe sex practices further escalates these risks.

General HIV/AIDS Facts

- The terms HIV and AIDS are often confused or used interchangeably, but in fact, they are very different. HIV can be transmitted through acts of unprotected vaginal or anal sex, blood transfusions or from mother to child through pregnancy, birth or breast milk.¹ Once infection has occurred, the virus destroys a specific type of blood cell, the CD4+ T cells, which are crucial for immunity and fighting diseases.² As the infection progresses and CD4 T cell counts decrease, it can then be diagnosed as AIDS.
- AIDS is determined by two main diagnostic methods: those of the Centers for Disease Control and the World Health Organization.
 - The Centers for Disease Control and Prevention (CDC) classifies an AIDS diagnosis based on the number or range of the CD4 cell count. This requires lab tests and blood work. Logically, the lower the cell count, the higher risk there is of an AIDS diagnosis.³ An AIDS diagnosis may also factor in symptomatic or AIDS-indicator conditions, such as Kaposi sarcoma, that often occur in patients with AIDS.
 - There are three stages of HIV infection: acute HIV infection, chronic HIV infection, and AIDS.⁴ Antiretroviral medications cannot cure an HIV infection, but they can help prevent an HIV infection from progressing to AIDS
- By the end of 2014, the cumulative estimated number of total HIV infections in the United States and its dependent areas totaled 1,107,700.⁵ The number of new infections has been declining, but an estimated 1 in 7 persons infected with HIV do not know they are infected.
- Certain populations are at much greater risk for contracting HIV in the U.S. Persons residing in the South have an HIV prevalence twice that of those in the Midwest.⁵ Gay and bisexual men have the greatest burden of HIV infection, and Black and Latino gay and

bisexual men have the greatest risk. Among women, heterosexual Black women experience the highest rates of HIV infection.

- In 2015, more than 39,000 people in the U.S. received a diagnosis of HIV infection. Infection rates have declined among white gay and bisexual men and among heterosexuals, but have increased among Latino gay and bisexual men.⁵
- For Latinos diagnosed with HIV in 2015, the most common methods of HIV transmission include:
 - Sexual contact with other men at 75% of total cases
 - High-risk heterosexual contact at 11% of total cases
 - Intravenous drug user at 5% of total cases
 - Sex with men AND injection drug use at 3% of total cases⁶
- Since the beginning of the epidemic until 2015, more than 100,000 deaths have occurred among Hispanics/ Latinos due to AIDS.⁷

Agricultural Worker HIV/AIDS Facts

Prevalence

- Data regarding the incidence of HIV/ AIDS in migratory or seasonal agricultural workers is very difficult to find and by majority conducted on small, local populations. Some research has identified infection rates that range from less than 2% among Mexican agricultural workers with HIV to as high as 13% among Black agricultural workers.⁸ However, no study to date on HIV prevalence among agricultural workers can provide a reliable estimate since past studies were non-random and often had a very small sample size.⁹
- Since rigorous data are not available about agricultural workers specifically, it is useful to examine the HIV prevalence rates among the Mexican adult population, and the HIV prevalence of Latinos in the U.S. In 2008, the HIV prevalence in Mexico among adults was 0.3%, approximately half that of the U.S. prevalence.¹⁰ Latinos in the U.S. disproportionately account for 24% of all new HIV cases even though they represent 18% of the population.⁶ The majority of HIV cases among Latinos occur among gay men and men who have sex with men.⁷
- In one study, it was noted that HIV diagnoses increased 7.8% annually between 2003 and 2006 along the U.S.- Mexico border. Increases were particularly significant for those men who have sex with other men.¹¹ A study of nearly 700 deported migrant laborers in Tijuana, Mexico found a relatively high prevalence of HIV among men (0.8%), but no cases were found among women.¹²

Risk Factors and Behaviors

- More time in the U.S. has been associated with an increased practice of HIV risk behaviors among laborers and agricultural workers in Florida. Agricultural workers who

had arrived more recently to the U.S. exhibited more HIV protective behaviors, including less frequent alcohol consumption and a greater willingness to use condoms.¹³

- Characteristics of agricultural workers' migratory lifestyle can contribute to an increased risk of contracting HIV. These factors include poverty, low income, sub-standard housing, limited access to healthcare, limited English proficiency, mobile lifestyle and social isolation.¹⁰
- Certain behaviors also put migrant workers at risk for contracting HIV/AIDS: including sex with prostitutes, inconsistent condom use, and alcohol and drug abuse.¹⁴ Intravenous drug use is uncommon among agricultural workers, but needle sharing may occur in some populations that inject vitamins or antibiotics.^{2,6} A study of 300 agricultural workers found that amateur tattooing was more common than professional tattooing, which may place some agricultural workers at risk for an HIV infection.¹⁵ However, this is likely minimal as only 6% of study participants had one or more tattoos.

One study done on female sex workers who frequently work near agricultural areas reported that the greatest risks involved assault or violence from clients and not being compensated, either in money or drugs, for their services.¹⁶ The same study found that condom use is often inconsistent since workers have very few first-time clients. Most prefer a small number of regulars who they trust will not assault them and who will pay them, and whom they believe, there is a very small chance of contracting ST

Knowledge, Attitudes & Beliefs

- A focus group conducted in 2007 with agricultural workers in New York found that 33 percent believed that HIV is no longer a serious problem in the United States, 32 percent believed that HIV only affects gay men and drug users, 27 percent believed that a person should not have to be tested for HIV if he or she looks healthy and 13 percent believed that HIV/AIDS is curable.¹⁴
- Many studies over the last few years have suggested viewing the social context of migrant workers as a risk for HIV/AIDS risk as opposed to the individual acts of this group.¹⁷ For example, a study done in 2009 concluded that for Mexican men who migrate, loneliness is a feeling that plagues this population due to the social contexts that accompany the lifestyle: immigration status, traveling alone, physically arduous work, being away from family, etc.¹⁸
- Migration between Mexico and the United States has recently been highlighted as a source of rising HIV/AIDS rates in Mexico and Mexican officials now estimate that 30 percent of their country's HIV/AIDS cases are caused by migrant workers returning from the United States.^{11,14} This is seen in the relationship between California, which has the highest HIV/AIDS incidence rate in the United States, and Jalisco, which has the highest number of migrants sent to the United States and the second-highest HIV/AIDS incidence rate in Mexico.⁹
- One study interviewed clinicians and health workers regarding the culturally significant implications of contraceptive and safe sex practices among rural Hispanics of the Northwest. By majority, workers concluded that openly discussing sex and sexuality is

received with a lot of discomfort among this group, which adds to people deterring from actively seeking contraceptives or practicing safe-sex behavior.¹⁹

- Qualitative interviews with Mexican migrants diagnosed with HIV revealed that homosexuality and the resulting social and familial isolation often played a role in both HIV risk behaviors and mental and emotional issues post-diagnosis.²⁰ Some of the participants' stories also demonstrated a lack of awareness on how and where one could receive HIV testing: One participant learned of his HIV diagnosis after participating in an HIV screening at a local nightclub.

Unprotected Sexual Activity

- A behavior that may put some agricultural workers at risk for contracting HIV/AIDS is having unprotected sex with prostitutes.¹⁶
- A study of migrant male agricultural workers in northern California found that 39% of male agricultural workers reported that they had paid for sex, of which only 31% reported using condoms.⁹
- As for Mexican migrant women, a 2003 study found that of respondents who had two or more sexual partners, only 25 percent reported using a condom during sex.²¹
- Mexican migrant women, as well as migrant's wives who remain in their country of origin, are vulnerable to contracting HIV due to risky behaviors of their male sex partners, which include prostitution use without condoms, unprotected sex between men, and needle sharing. In a 2004 study, researchers found that 75 percent of migrant men rarely or never used condoms with their wives.²²
- Sex between men is the highest HIV risk category in the United States for Latinos⁷ It has been documented that minority men who have sex with men (MSM) in the United States are at an increased risk for HIV infection. Among Latinos, 75% of new HIV diagnoses in 2015 occurred among men who have sex with men.

References

1. HIV Transmission | HIV Basics | HIV/AIDS | CDC. (2017). Available at: <https://www.cdc.gov/hiv/basics/transmission.html>. (Accessed: 27th September 2017)
2. About HIV/AIDS | HIV Basics | HIV/AIDS | CDC. Available at: <https://www.cdc.gov/hiv/basics/whatishiv.html>. (Accessed: 27th September 2017)
3. HIV Classification: CDC and WHO Staging Systems | AIDS Education and Training Centers National Coordinating Resource Center (AETC NCRC). Available at: <https://aidsetc.org/guide/hiv-classification-cdc-and-who-staging-systems>. (Accessed: 27th September 2017)
4. The Stages of HIV Infection Understanding HIV/AIDS. *AIDSinfo* Available at: <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/19/46/the-stages-of-hiv-infection>. (Accessed: 27th September 2017)
5. HIV in the United States | Statistics Overview | Statistics Center | HIV/AIDS | CDC. (2017). Available at: <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>. (Accessed: 21st September 2017)

6. Latinos | Race/Ethnicity | HIV by Group | HIV/AIDS | CDC. (2017). Available at: <https://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>. (Accessed: 21st September 2017)
7. Centers for Disease Control and Prevention. HIV among Latinos. (2017). Available at: <https://www.cdc.gov/nchstp/newsroom/docs/factsheets/cdc-hiv-latinos-508.pdf>. (Accessed: 27th September 2017)
8. The Julian Samora Research Institute. *The Julian Samora Research Institute* Available at: <http://jsri.msu.edu:80/publications/occasional-papers/132>. (Accessed: 21st September 2017)
9. Sanchez, M. A. *et al.* The Epidemiology of HIV Among Mexican Migrants and Recent Immigrants in California and Mexico. *JAIDS Journal of Acquired Immune Deficiency Syndromes* **37**, S204 (2004). <https://www.ncbi.nlm.nih.gov/pubmed/15722863>
10. Albarrán, C. R. & Nyamathi, A. HIV and Mexican Migrant Workers in the United States: A Review Applying the Vulnerable Populations Conceptual Model. *Journal of the Association of Nurses in AIDS Care* **22**, 173–185 (2011). <https://escholarship.org/content/qt0901682g/qt0901682g.pdf>
11. Espinoza, L., Hall, H. I. & Hu, X. Increases in HIV diagnoses at the U.S.-Mexico border, 2003-2006. *AIDS Educ Prev* **21**, 19–33 (2009). <https://www.ncbi.nlm.nih.gov/pubmed/19824832>
12. Rangel, M. G. *et al.* A Two-Way Road: Rates Of HIV Infection And Behavioral Risk Factors Among Deported Mexican Labor Migrants. *AIDS Behav* **16**, 1630–1640 (2012). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3402603/>
13. McCoy, H. V., Shehadeh, N., Rubens, M. & Navarro, C. M. Newcomer Status as a Protective Factor among Hispanic Migrant Workers for HIV Risk. *Front Public Health* **2**, (2014). <https://www.ncbi.nlm.nih.gov/pubmed/25426480>
14. Migrant and Seasonal Farmworkers: Health Care Access and HIV/AIDS in This Population | National Prevention Information Network. Available at: <https://npin.cdc.gov/publication/migrant-and-seasonal-farmworkers-health-care-access-and-hiv-aids-population>. (Accessed: 2nd January 2017)
15. mith, S. F. *et al.* Tattooing practices in the migrant Latino farmworker population: Risk for blood-borne disease. *Int J Dermatol* **48**, 1400–1402 (2009). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670824/>
16. Bletzer, K. V. Risk and danger among women-who-prostitute in areas where farmworkers predominate. *Med Anthropol Q* **17**, 251–278 (2003). <https://www.ncbi.nlm.nih.gov/pubmed/12846119>
17. PhD, K. C. O. Towards a Structural-Environmental Model of Risk for HIV and Problem Drinking in Latino Labor Migrants: The Case of Day Laborers. *Journal of Ethnic & Cultural Diversity in Social Work* **16**, 95–125 (2007). http://www.tandfonline.com/doi/abs/10.1300/J051v16n01_04
18. Muñoz-Laboy, M., Hirsch, J. S. & Quispe-Lazaro, A. Loneliness as a Sexual Risk Factor for Male Mexican Migrant Workers. *Am J Public Health* **99**, 802–810 (2009). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667832/>
19. Branch, M., Harvey, S. M., Zukoski, A. P. & Warren, J. Prevention of unintended pregnancy and HIV/STIs among Latinos in rural communities: perspectives of health care providers. *Health Care Women Int* **31**, 718–736 (2010). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3833575/>
20. Mann, L., Valera, E., Hightow-Weidman, L. B. & Barrington, C. Migration and HIV risk: Life histories of Mexican-born men living with HIV in North Carolina. *Cult Health Sex* **16**, 820–834 (2014). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4313377/>
21. Fitzgerald, K., Chakraborty, J., Shah, T., Khuder, S. & Duggan, J. HIV/AIDS knowledge among female migrant farm workers in the midwest. *J Immigr Health* **5**, 29–36 (2003). <https://www.ncbi.nlm.nih.gov/pubmed/14512756>
22. Painter, T. M. Connecting the dots: when the risks of HIV/STD infection appear high but the burden of infection is not known—the case of male Latino migrants in the southern United States. *AIDS Behav* **12**, 213–226 (2008). <https://www.ncbi.nlm.nih.gov/pubmed/17373586>